

L11000086184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

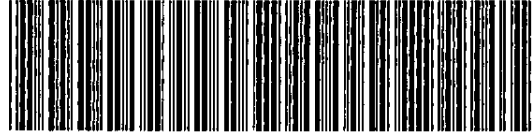
Special Instructions to Filing Officer:

A. LUNT

JUL 27 2011

EXAMINER

Office Use Only



400210071624

FILED
2011 JUL 25 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/25/11--01007--004 **125.00

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Lisee Transporting LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kerry J. Lisee
Name of Person

Lisee Transporting LLC
Firm/Company

10653 Porpoise Park Dr
Address

Seminole FL 33772
City/State and Zip Code

dreamwatcher59@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry J Lisee at (727) 418-4510
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lisee Transporting LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Kerry J Lisee
10653 Porpoise Park Dr
Seminole FL 33772

Mailing Address:

Kerry J Lisee
10653 Porpoise Park Dr
Seminole FL 33772

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kerry J Lisee

Name

10653 Porpoise Park Dr

Florida street address (P.O. Box **NOT** acceptable)

Seminole FL 33772

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2011 JUL 25 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Kenny J Lisee
10653 Porpoise Park Dr
Seminole FL 33772

MGRM

Evelyn A Lisee
10653 Porpoise Park Dr
Seminole FL 33772

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 25 PM 12:05


FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 30, 2011 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kerry J Lisee

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)